

# Behavioral virtual visits

Meeting Behavioral Health Challenges Face to Face

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- 1 Behavioral Virtual visits Today
  - 2 Technology and Innovation across the Care Continuum
  - 3 Perceptions and Challenges
  - 4 The Way Forward

# What Are virtual visits

United Healthcare's Behavioral virtual visits is...



utilizing a video-based platform to connect members securely and privately to behavioral health providers in real-time



**Expands** access to more people in need



**Simplifies** access to increase engagement



**Expedites** access to improve outcomes

**Faster**, easier access leads to better outcomes<sup>1</sup>



# What Are virtual visits

A real-time, audio/video-enabled session with a behavioral health provider

- ✓ **Clinically equivalent** to in-person visits for a wide range of conditions<sup>1</sup>
- ✓ Meet standards aligned with ATA and NCQ
- ✓ No impact to provider reimbursement or member costs
- ✓ Providers do not need to be physically located in the same state
- ✓ Any qualified and attested network provider can offer virtual visits to patients



## Available providers

- Psychiatrists
- Psychologists
- Behavioral nurse practitioners
- Behavioral master level clinicians



## Commonly treated conditions

- Depression
- Bipolar disorders
- Neurodevelopmental disorders
- Anxiety disorders
- Substance use disorders

1. Shigekawa E, et al. The Current State Of Telehealth Evidence: A Rapid Review. *Health Affairs*. 2018 Dec 1;37(12):1975-1982.

# Providers are Key Expanding Access through our Network

United Healthcare has the largest proprietary behavioral virtual network in the country<sup>1</sup>



**35,000+** providers offering virtual services, with providers licensed in every state

Meet standards aligned with ATA and NCQA

No impact to provider reimbursement or member costs

## Network addresses:

National shortage of psychiatrists

Lack of behavioral health specialists

Scarcity of providers in rural areas

. 2. Based on Optum competitive analysis



# Does it Work?

## Effectiveness

- More efficient than in-person care for pharmacotherapy and psychotherapy<sup>1</sup>
- At least as effective in treating depression, PTSD, ASD<sup>2</sup>
- Is effective for children and geriatric population<sup>3</sup>
- More research is needed regarding treatment of SMI, but telemental health can
  - Provide case management
  - Detect changes in behaviors and routines
  - Help prevent relapse and rehospitalizations

<sup>1</sup>Barnett, M L, Huskamp, H A. Telemedicine for Mental Health in the United States: Making Progress, Still a Long Way to Go. *Psych Srvcs.* 2020; 71 (2).

<sup>2</sup>Hilty, D, Yellowlees, PM, Parrish, MB, Chan, S. Telepsychiatry: Effective, evidence-based, and at a tipping point in health care delivery? *Psych. Clinics of North America*, 2015; 38(3): 559-592.

<sup>3</sup>Greenbaum, Z. How well is telepsychology working? Researchers are pinpointing what we know—and what we need to learn—about these treatment options. *Monitor on Psychology*, 2020; 51 (5)Gentry, MT, Lapid MI, Rummans, TR. Geriatric Telepsychiatry: Systematic Review and Policy Considerations. *Am J Geriatr Psychiatry* February 2019;27(2): 109-127



# Does it Work?

## Efficiency

- More appointments kept
  - Fewer appointments cancelled
  - Fewer “no-shows
- Cost Effectiveness

## Cost Effective

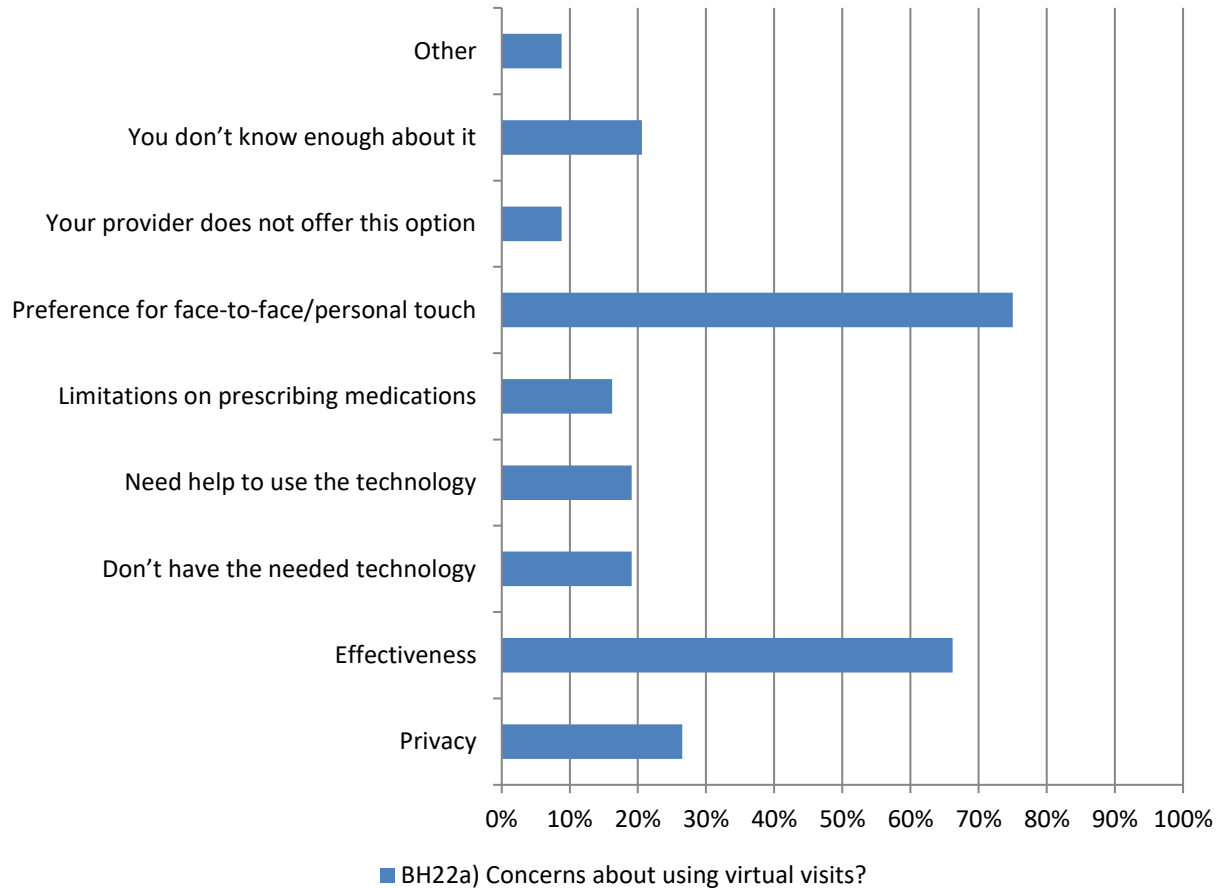
- Less direct and indirect costs associated with Telemental Health
- Lower utilization
- Increased quality of life
- Lower cost of care for patients with comorbid medical conditions

So why aren't patients using it?



# What Our Members Had to Say

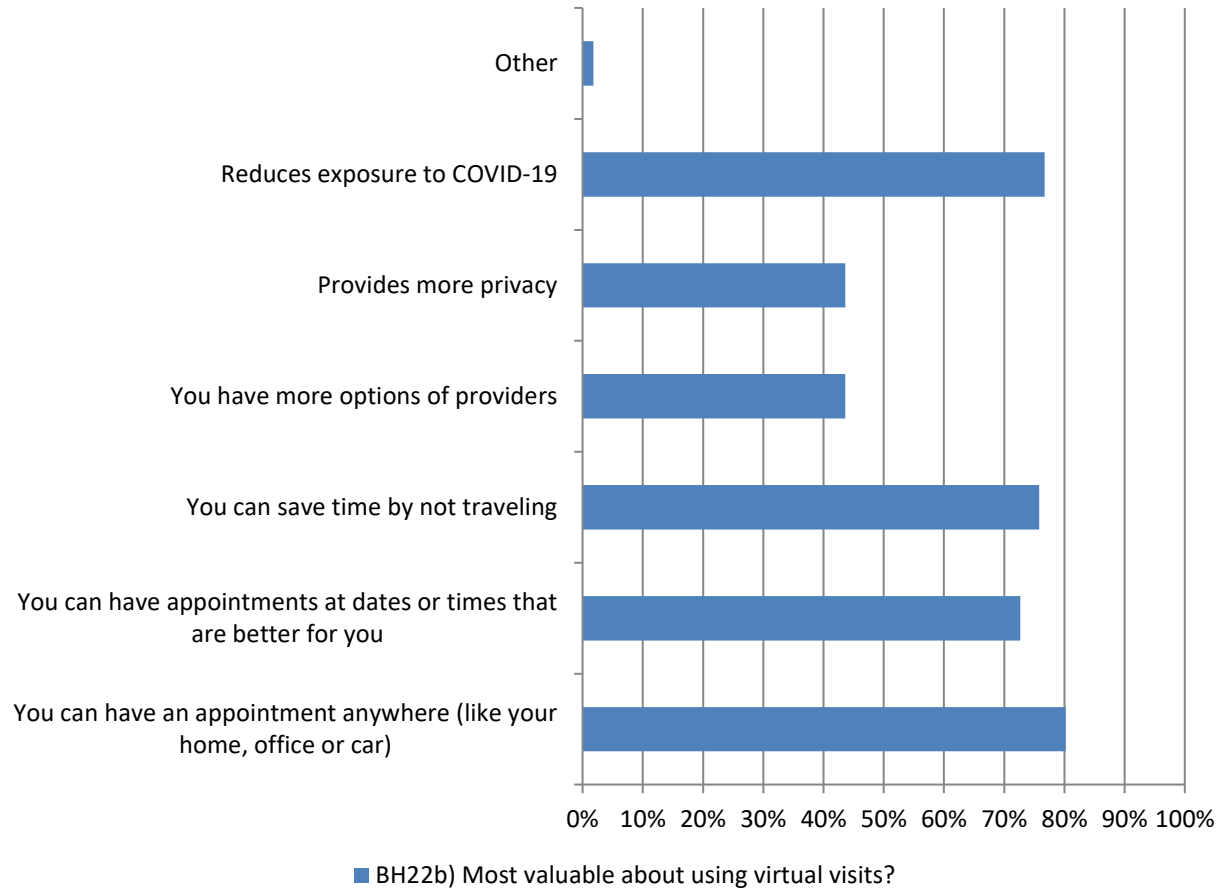
## July virtual visits Concerns





# What Our Members Had to Say

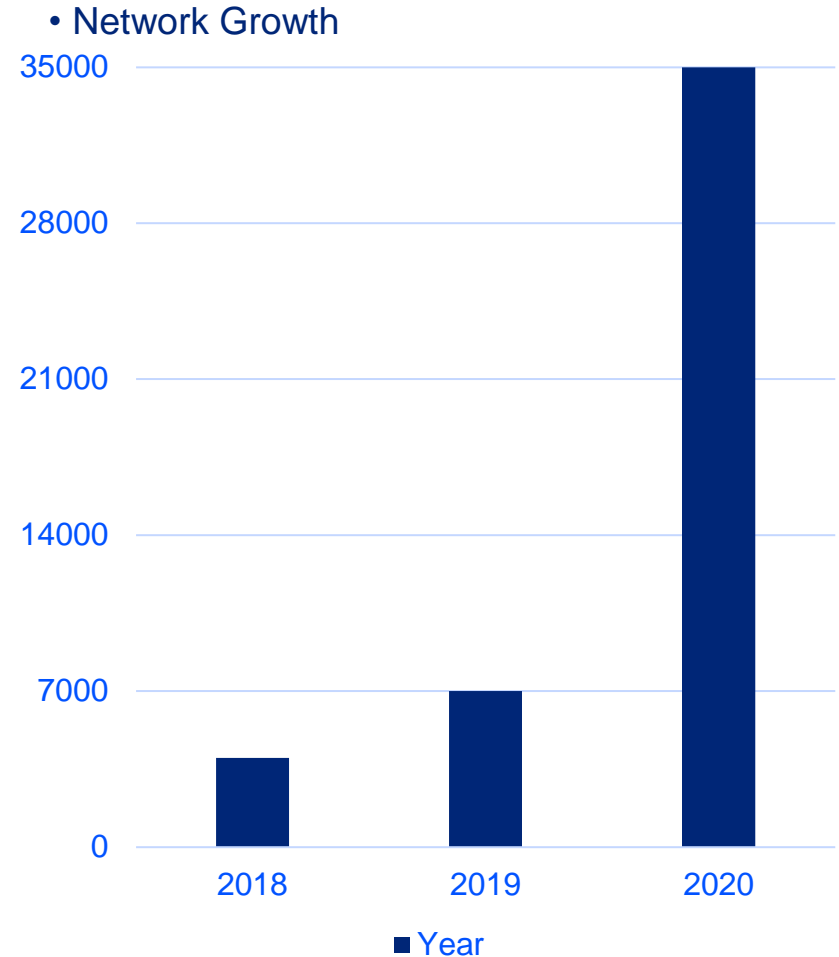
## July virtual visits Benefits



# Virtual visits and COVID-19

Followed all state and federal guidance regarding Expanded Telehealth Flexibilities, including:

- Waiving Originating Site Requirement
- Allowing telephonic-only services
- Waived attestation requirement, eased technology restrictions
- Automated the provider attestation process
- Expanded the functionality of our telehealth platform
- Waived cost share
- Expanded PsychHub Toolkit to provide resources to members and providers
- Implemented a daily virtual visits reporting dashboard
- Implemented a daily digital experience dashboard



# Virtual Reporting

## virtual visits Dashboard

Data Refreshed: 11/26/2020

### Summary Metrics

	Claimants	Paid Units	Paid Amount	Avg Paid per Claimant	Claimant Cost Share	Avg Units per Claimant	Avg Paid per Unit	Claimants per 1000	Units per 1000
Current	1,933,913	14,621,429	\$1,218,917,216	\$630.29	\$86.48	7.56	\$83.37		
Prior	138,982	508,472	\$32,264,146	\$232.15	\$50.17	3.66	\$63.45		
% Change	▲ 1,291.5%	▲ 2,775.6%	▲ 3,677.9%	▲ 171.5%	▲ 72.4%	▲ 106.7%	▲ 31.4%		

Current Start Date  
11/1/2019

Current End Date  
10/31/2020

Paid Thru Date  
11/30/2020

Current Membership  
0

Prior Membership  
0

### Claimants by Service Date



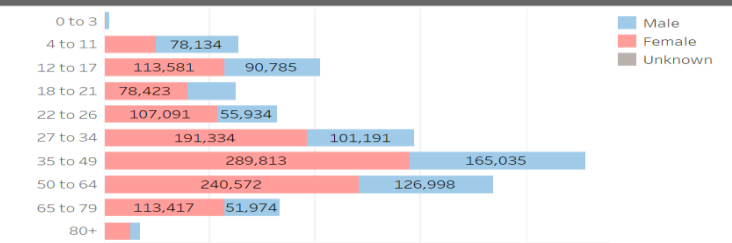
Business Segment/Chan..  
All

Client  
All

Account Name  
All

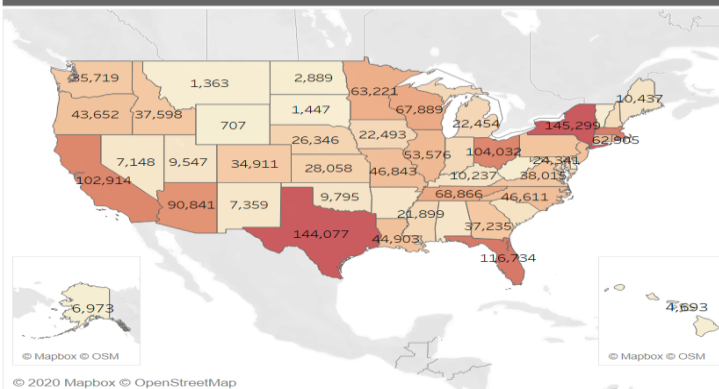
CBMS Account ID  
All

### Claimants by Claimant Age



Minimum Claimant Count per Age Group  
From 10

### Claimants by Claimant State



Minimum Claimant Count per State  
From 10

Policy Number  
All

Group Name  
All

CBMS Group ID  
All

Product Type  
All

Product Brand  
All

Funding Type  
All

M&R H Contract Code  
All

M&R PBP Code  
All

Member State  
All

Level Of Care  
All

Modifier Code  
All

Provider Type  
All

ABA Flag  
All

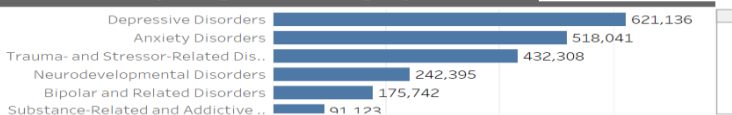
Dimension  
Claimants

### Claimants by Employee Relationship

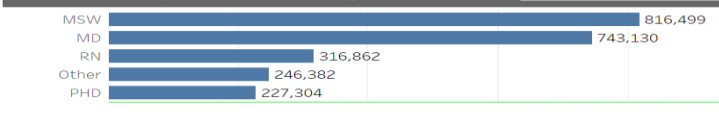


Measure Values  
-1.715 to 1.715

### Claimants by Diagnosis Category



### Claimants by Provider Designator



# Digital Reporting

## BH Digital Activity Trending Dashboard

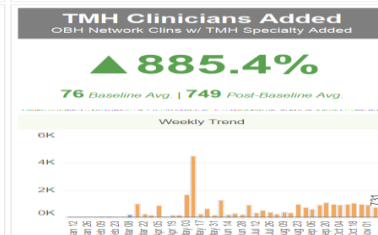
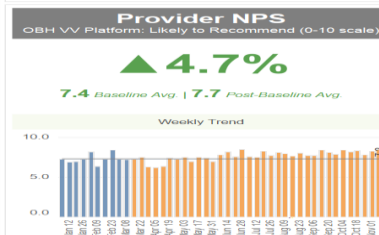
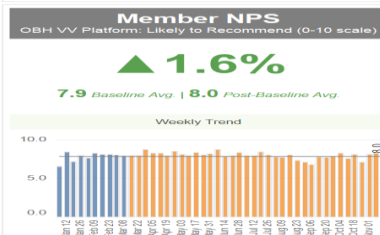
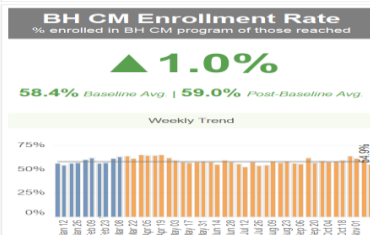
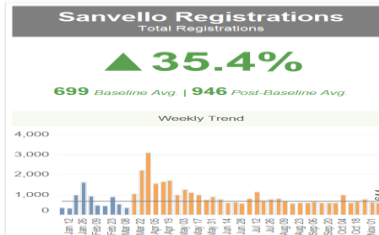
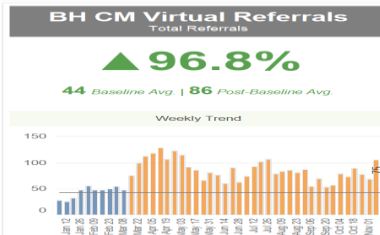
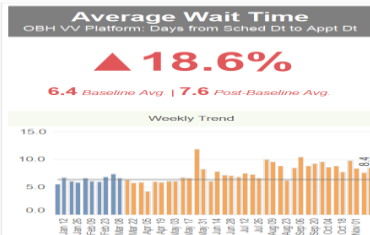
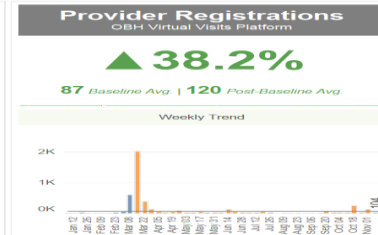
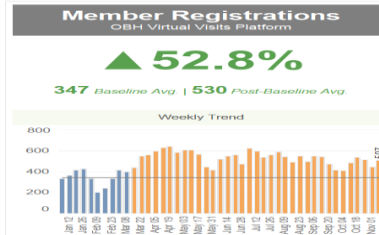
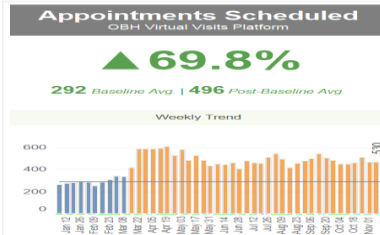
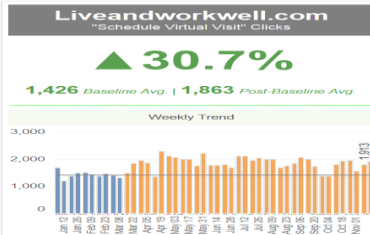
Data Refresh Date: 11/24/2020

Baseline Period: 1/5/2020 - 3/14/2020 | Measurement Period: 3/15/2020 - 11/21/2020

Baseline Measurement

Channel: All

Region: All



LAWW Metric: Choose Metric  
"Schedule Virtual Visit" Clicks

BH CM Referral Metric: Choose Referral Type  
Total

Sanvello Registration Metric: Choose Population  
Total

BH CM Operational Metric: Choose Metric  
Enrollment Rate

Clinician Metric: Choose Metric  
TMH Clinicians Added

Time Period: Week vs. Month  
Week

Baseline Start Date  
1/5/2020

Baseline End Date  
3/14/2020

When the "Week" Time Period is selected, please select a "Baseline Start Date" on a Sunday and a "Baseline End Date" on a Saturday.  
When the "Month" Time Period is selected, please select a "Baseline Start Date" on the first of the month and a "Baseline End Date" on the last day of the month.

Comparison Scenarios

- Post-Baseline vs. Baseline
- Most Recent Time Period vs. Baseline
- Most Recent Time Period vs. Prior Time Period



# Innovative Digital Toolkit

## The right care in the right place at the right time



- PsychHub
- SilverCloud
- Internet and other resources

- Sanvello
- Talkspace
- MindStrong

- Provider Express
- Virtual visits Platform
- PCP virtual visits Toolkit

- IOP/PHP?
- Telephonic?
- ABA?

- Genoa Rx
- Dedicated Prescriber Access



# Making it Easy To Connect to Care

Internet browser such as  
Chrome, Firefox  
or Safari

High-speed Internet  
connection

Computer, tablet,  
smartphone with  
camera and microphone

The screenshot displays a telehealth platform interface. On the left, two provider profiles are listed:

- James Suarez LPC**: EXPRESS ACCESS PROVIDER, PROVIDER, MASTER'S LEVEL COUNSELOR, VIRTUAL VISITS. Accepting New Patients. Phone: (865) 407-2281. Address: 830 N Broadway St, Knoxville TN 37919. Virtual visits next steps: Monday, December 7th, at 8:00am EST; Tuesday, December 8th, at 8:00am EST; Wednesday, December 9th, at 8:00am EST. Schedule appointment.
- Demarcus C Davis LPC**: PROVIDER, MASTER'S LEVEL COUNSELOR, VIRTUAL VISITS. Accepting New Patients. Phone: (901) 319-6607. Address: 1007 Oakhaven Rd, Memphis TN 38119. Virtual visits next steps: Schedule appointment.

The main area features a video call window for an appointment on Monday, 03/19/2018 from 01:00 PM to 02:00 PM with patient JANE DOE. The call is active, showing a large video of a smiling woman and a smaller video of the provider, Lucas Bachmann. Controls include VIDEO, TROUBLESHOOTING, Disconnect, Settings, Fullscreen, and Video Options (Omega, Tango). A speaker volume slider is also present.

At the bottom, a calendar view shows a grid of time slots for the week of Monday, 03/12 to Monday, 03/19. The 08:45 am - 09:30 am slot on Monday, 03/12 is highlighted.



# Regulatory Issues

## Medicare

**For members on Medicare / Medicare Advantage plans, they are required to comply with the following:**

- Medicare members are currently required to access virtual visits from a Medicare originating site (EG: Hospitals, EDs, office / clinic, SNFs)
- Members need to reside in a Healthcare Professional Shortage Area.
- Virtual visits must be conducted via two-way audio / video

**How do we know if a member is in an HPSA?**

- A county outside a Metropolitan Statistical Area (MSA)
- A rural [Health Professional Shortage Area](#) (HPSA) in a rural census tract

## Medicaid

**Are there restrictions for Medicaid members?**

- Regulations for Medicaid members vary based on the state that they reside in – check plan specifics for details

## Commercial

**Are there restrictions for commercial members?**

- Virtual visits for Commercial members must be conducted via two-way audio / video
- Visits can be conducted from the members home



# To Be Continued...

- Collaborate with and support providers
- Provider training
- Continue and expand dialogue with professional groups
- Member education to address concerns
- Ensure our virtual and digital offerings meets members where they are on the healthcare continuum
- Increase accessibility and convenience of virtual visits while maintaining a safe environment for member care





**Thank You**